

Applicant Profile
DC Department of Aging and Community Living
Fiscal Year 2024 Lead Agency Program Grant
This will be completed in ZOOM Grants.

Applicant Name: _____

TYPE OF ORGANIZATION

Non-Profit _____ **For-Profit** _____ **Government** _____ **Other** _____

Contact Person: _____

Office Address: _____

Phone/Fax: _____

E-mail address: _____

Website URL: _____

D.U.N.S. or UEI Number: _____

Tax Identification Number: _____

Select Which Ward Applying for: ☐ Ward 1 ☐ Ward 2 ☐ Ward 3 ☐ Ward 4 ☐ Ward 5 ☐
Ward 6 ☐ Ward 7 ☐ Ward 8

Program Description:

Total Program Cost: \$ _____

DACL Grant Funds \$ _____

Applicant Funds \$ _____

Name and Title of Authorized Official

Signature of Authorized Official

Date